



**EXPRESS MAIL NO.: EV 475 143 202 US**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Application of: Kunz Confirmation No.: 1690  
Application No.: 09/910,388 Art Unit: 1656  
Filed: July 20, 2001 Examiner: Robinson, Hope A.  
For: THERAPEUTIC INHIBITOR OF Attorney Docket No.: 10177-211-999  
VASCULAR SMOOTH MUSCLE (formerly 295.003US5)  
CELLS

**AMENDMENT UNDER 37 C.F.R. § 1.111**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the non-final Office Action mailed March 17, 2006, and pursuant to 37 C.F.R. § 1.111, please enter the amendments below and consider the following remarks.

Applicant submits concurrently herewith: (1) a Petition for Extension of Time (in duplicate) for three months from June 17, 2006 to and including Monday, September 18, 2006 since September 17, 2006 is a Sunday; (2) an Amendment Fee Transmittal (in duplicate); (3) a Terminal Disclaimer; and (4) a Terminal Disclaimer Fee Transmittal Sheet (in duplicate).

**Amendment to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks** begin on page 3 of this paper.



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Application of: Kunz

Confirmation No.: 1690

Application No.: 09/910,388

Art Unit: 1656

Filed: July 20, 2001

Examiner: Robinson, Hope A.

For: THERAPEUTIC INHIBITOR OF  
VASCULAR SMOOTH MUSCLE  
CELLS

Attorney Docket No.: 10177-211-999  
(formerly 295.003US5)

**AMENDMENT FEE TRANSMITTAL**

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

The fee required to be filed with the accompanying amendment of even date herewith concerning the above-identified application has been estimated to be \$0.00.

The claim amendment fee has been estimated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)		<input type="checkbox"/> SMALL ENTITY		<input checked="" type="checkbox"/> OTHER THAN A SMALL ENTITY	
CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID	PRESENT EXTRA	RATE	ADDIT. FEE	OR	RATE	ADDIT. FEE		
TOTAL	6	MINUS	79	0	x 25	\$	x 50	\$	0.00
INDEP.	1	MINUS	4	0	x 100	\$	x 200	\$	0.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM									
				TOTAL	\$	OR	TOTAL	\$	0.00

Please charge the required fee to Jones Day Deposit Account No. 50-3013. A copy of this sheet is enclosed.

Respectfully submitted,

Date: September 18, 2006

Gidon D. Stern 27,469  
Gidon D. Stern (Reg. No.)

By: Ann W. Chen 49,013  
Ann W. Chen (Reg. No.)  
**JONES DAY**  
222 East 41<sup>st</sup> Street  
New York, New York 10017  
(212) 326-3939

Enclosure